

City of Frisco Volunteer Application

CONTACT INFORMATION		
Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Home Phone	Work Phone	E-Mail Address
Driver's License Number	State of Issue	
Emergency Contact Person/Relationship		Emergency Phone Number
Have you ever served as a City volunte	eer? If so, where and wher	?
Is it OK to receive calls at work?		
I am 18 years old or older?	If not 18, plea	se provide your age:
EDUCATION/EXPERIENCE		
Education (check all that apply)		
		☐ High School graduate/GED
☐ Currently attending college, name of		
☐ Undergraduate degree, Major	□ (Graduate degree, Major
I am: ☐ Employed Full-time ☐ Retired ☐ Stude	☐ Employed Part ent ☐ My em	-time
Employer's Name, Address and Phone Number:		
Supervisor's Name and Phone Number:		
Position/Responsibilities		
(Please include additional pages, if necessary.)		

ADDITIONAL INFORMATION

Volunteer Experience:		
What do you hope to gain through yo	our volunteer experience?	
viriat do you nope to gain trilough ye	di volunteer experience:	
	r than English? If so, please list	them and indicate if you would be willing to
use that skill for any project.		
Criminal Record Check		
Have you ever been convicted of a fe	elony or misdemeanor?	Yes □ No
Are you currently charged with a felo	ny or misdemeanor?	Yes □ No
, , ,	•	
A criminal record check may be cond	ducted for all potential City of Fris	sco volunteers. If you answered yes to either
		onviction or current charges indicating date,
		nswer is evaluated in relation to volunteer
		your from becoming a volunteer, however it
may limit where we may place you.		
References: Please list two people	other than relatives who would b	e willing to serve as personal references.
Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Home Phone	Work Phone	E-Mail Address
Tione Frione	WORTHOIC	L-Mail Address
Last Name	First Name	Middle Name
Lastivanie	i list Name	Wildle Name
Address		
Address		
City	State	Zip Code
City	State	Zip Code
,		
City Home Phone	State Work Phone	Zip Code E-Mail Address

City of Frisco Application Volunteer Application Name:						
Preferences for V	/oluntee	· Activities				
e checked each of the skills and resources I may be stonce during the coming year:	e willing	g to make available to the City of Frisco at				
Contributing to a community service project.						
Desktop publishing, graphic design.						
Donating printing of materials (brochures, newsletters, posters).						
Library services programs and events						
Parks and Recreation programs and events						
Conducting a workshop on the follow topic(s):						
Other:						
Best day(s) of week for volunteer work (check all that apply): Best time of day for volunteer work (check all that apply).						
Monday		8 to 10 a.m.				
Tuesday		10 a.m. to 12 noon				
Wednesday		12 noon to 2 p.m.				
Thursday		2 to 4 p.m.				

that	apply):
	Monday
	Tuesday
	Wednesday
	Thursday
	Friday
	Saturday
	Sunday
	Holidays

- 4 to 6 p.m.
- 6 to 8 p.m.
- 8 to 10 p.m.

VOLUNTEER AGREEMENT and CERTIFICATION

Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space indicated.

- I certify all information contained on this application and given at my interview is true and complete to the best of my knowledge and belief, and has been given voluntarily.
- I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Frisco from any liability whatsoever for supplying such information.
- I understand a criminal record check may be conducted.
- I hereby authorize references listed on this application to answer any questions and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such action.
- As a volunteer, I agree to perform to the best of my ability the tasks as outlined in my job description or the
 tasks established by my supervisor; to accept supervision, maintain confidentiality; observe stated goals and
 objectives and give my supervisor adequate notice before termination as a volunteer.
- I understand I must familiarize myself with the City of Frisco Volunteer Policies and Procedures.
- I will not to distribute literature of any type.
- As a volunteer, I understand I will not be paid for my services, and the City of Frisco will not provide me with employee benefits, accident insurance, death benefits, nor does the City of Frisco carry commercial general liability insurance covering volunteers.
- I fully understand an agree that either for failure to fully comply with all of the obligations outlined in the Volunteer Application, or for any reason whatsoever, while performing my voluntary services to the City of Frisco in voluntary capacity, the City of Frisco at its sole discretion, may immediately terminate my volunteer services.

Applicant's Signature						Date			
If applicant is u	nder	the age	of 18, a pa	rent or legal	guard	lian mus	st sign this form.		
Parent or Legal Guardian Signature					Date				
Statistical Information The following in			ill be used fo	or statistical	analy	sis only			
Date of Birth:	Mor	nth:	Day:	Ye	ear				
Gender:			Female				_		
Marital Status	:		Single		Mar	ried			
Race:			_			Asian	Pacific Islander		Caucasian
		Hispan	ic/Latino			Other			
For official use	e onl	y:							
Date Applicatio	n Re	ceived:				Date	Interviewed:		
Date of Backgr	ound	Check:				Date	References check	ed:	
Notes:						•			



City of Frisco Consent for Criminal Background History and Motor Vehicle Check Authorization/Waiver/Indemnity Form

Each employee, employee applicant, contractor, volunteer or volunteer applicant who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the City of Frisco to perform a background search.

I hereby give my permission for the City of Frisco to obtain information related to my background and motor vehicle record. The background record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used in part to determine my eligibility for a volunteer position with the City of Frisco. I also understand that as long as I remain a volunteer with the City of Frisco, the background and motor vehicle records check may be repeated at anytime. I understand that I will have an opportunity to review the background and a procedure is available for clarification, if I dispute the record received.

I, the undersigned, do, for myself, my heirs, my executors and administrators, hereby remise, release and forever discharge and agree to indemnify the City of Frisco and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer.

Last Name	First Name	MI
Other Names (Alias, Married, Ma	iden)	
Volunteer Position		Department
Date of Birth	Sex	Race
Driver's License Number	State of Issue	Social Security #
		•
01		
Signature		Date